

Date: 2/14/80

Site: PERK CHEMICAL Co. Location: ELIZABETH, N.J.

Low Priority Factors

NOT A HAZARDOUS WASTE DUMP
~~NOT A CHEMICAL DUMP~~

NO ENVIRONMENTAL HAZARDS FOUND
(AT PRESENT) BY E.R. DURING VISIT
TO THIS ESTABLISHMENT

High Priority Factors

SOLVENT RECOVERY ~~FACTOR~~
MAY BE HAZARDOUS TO THE
PERSONNEL INVOLVED -
THEREFORE A VISIT BY OSHA
WAS SUGGESTED/RECOMMENDED -
ON 9/13/79, BY FRED RUBEL'S E.R.

Recommended Priority: Low Priority

Recommended Action: WAITING FOR OSHA'S REPLY (TO ^{DEBONIS} ~~OUR~~ LETTER
DATED 2/13/80) - (NO HAZARD ~~RECORDING~~ TO OSHA),
6/5/80

252144



U.S. Environmental Protection Agency
Region II
Hazardous Waste Site Survey Record

I. Inspection Summary

1. Facility Name: Perk Chemical Company

2. Facility I.D. number:

3. Address (including city, county, state, zip code):

217 S. First St., Elizabeth, New Jersey

4. Location (Latitude, Longitude or special instructions):

5. Owner or Responsible Official (title, phone number):

Ray Rothschild, President (201) 355-5800

6. Operator (if different than #5)(title, phone number):

7. Owner of Reality (and address): Perk Chemical Co.

8. Facility Representative(s) Interviewed (title, phone number): Ray Rothschild

9. Inspector's Name (title, division, phone number):

B. V. Moran (Ecology and Environment, Inc.), John Burger (Ecology and Environment, Inc.)

10. Inspection Participants Names (affiliation, phone numbers): Same as above

11. Date of Inspection: September 7, 1979

12. Weather: sunny, hot, humid

13. Samples collected: yes () no (X)
groundwater () surface water () waste () air ()
runoff () spill () soil () other ()

14. Field Measurements: yes () no (X) types: _____

15. Photos Taken: yes () no (X) Mr. Rothshild preferred no photos taken.

16. Site Mapped: yes () no (X)

17. Local Residents or Workers Interviewed Yes () No (X)

18. Observations and General Remarks: Facility has a well
prepared DPCC plan. No explosive or flammable hazards were discovered
on the site. Readings at various locations on site with the explosive
meter yielded no apparent danger of explosive mixtures. The only
flammable solvent observed was MEK (methyl ethyl ketone). This was
drummed and no leaks were observed.

II. Site Information

1. Type of Operation: a. Generator

On-site disposal ()

Off-site disposal ()

b. Storage () (if yes,
complete supplemental "storage
information" form)

c. Treatment/disposal

Incineration () (if yes,
complete supplemental "incineration
information" form)

Landfill () (if yes, complete supplemental "landfill information" form)

Surface Impoundment () (if yes, complete supplemental surface "impoundment information" form)

Deep Well Injection () (if yes, complete supplemental "deep well injection information" form)

Chemical/Physical/Biological Treatment () (if yes, attach description on separate sheet)

Solvent Reclaiming Operation ✓

Landfarm () (if yes, complete supplemental "landfarm information" form)

Open Dump -- No systematic management () (attach description on separate sheet)

Recyclor () (attach description on separate sheet)

d. Transporter () (attach description on a separate sheet)

2. Site Active yes (x) no ()

2a. Site Abandoned yes () no (x)

3. Authorization: a. NPDES Permit ()
b. SPCC plan ()
c. State permits (x) Type DPCC
d. Air permit ()
e. Other ()

4. Waste Oil or Oil based compounds on site Yes (x) No ()

4a. Waste Types and Amounts Disposed at Site (List all oil and oil compound wastes first):

1. Approximately 200 55 gallon drums recycled oil

2. Approximately 200,000 gallons various solvents: halogenated and non halogenated, etc. (see attached sheet). Major product is perchloroethylene.

(attach extra sheet if needed)(indicate source of information)

4(b). Is waste type consistent with information on Preliminary Assessment? Yes (X) No ()

5. List sources of wastes (generator and hauler, as known):

Undetermined

6. Identify Off-site Facilities Used For Disposal: _____

7. Approximate Area of Site 2 acres

8. Distance to Surface Waters in vicinity 1/4 mile

9. Distance to Nearest Drinking Water Supply Elizabethtown Water Supply
Rt. 22 6 miles away

10. Identify type of drinking water supply

() private

(X) public (city of Elizabeth)

() well

() surface water

11. Proximity to Public Buildings and/or Residences: _____

1/4 mile

12. Estimate Depth to Groundwater (basis of estimate):

13. Site is located in:
- a. Known fault zone ()
 - b. Karst zone ()
 - c. 100-year Floodplain (x)
 - d. A regulatory Floodway ()
 - e. Wetland ()
 - f. Critical habitat ()
 - g. Recharge zone to a sole source aquifer ()

14. Comment on the following:

a-slope none- elevation 10' throughout site

b-soils permeability undetermined

c-recharge or discharge area

d-bedrock exposure in area (type) none

e-type of geologic material observed (overburden, bedrock, sand, gravel, clay, etc) gravel

III. Field Evaluation Factors

If at any time during this site inspection you discover any condition requiring immediate containment or other emergency response measures, initiate remedial measures by contacting appropriate local authorities, Regional emergency response team, and H.Q. Hazardous Waste Task Force.

Answer and explain:

1. Evidence of Soil Contamination yes () no (x)

2. Evidence of Runoff yes () no (x)

3. Evidence of Spills yes () no (x)

4. Air Emissions yes (x) no ()

Halogenated solvent odor around immediate process area

5. Noticeable Odors yes (x) no ()

See above

6. Existing or potential erosion problems yes () no (x)

7. Evidence of Environmental Damage yes () no (x)

8. Evidence of Charred Open Areas, smoke etc. yes () no (x)

9. Potential for Groundwater Contamination Based on the
Observed Hydrogeologic Setting yes () no (x)

10. Proper Maintenance and Operation of Runoff Collection
and Confining Structures yes () no (x)

DPCC Plan not yet implemented.

11. Controlled access yes (x) no ()

12. Available Records For Chemical Analysis of Hazardous Waste Handled at the Facility yes () no (x)

13. Sewers and Drains yes () no (x)
terminus of sewer: _____

14. Presence of hoses, pumps or other water diversion equipment yes () no (x)

15. Proper placarding of Trucks yes (x) no ()

16. Contingency and Emergency Plan and Equipment Available yes (x) no ()

17. Geologic/Hydrologic/Soil Survey conducted by or for the owner/operator. Yes () No (X)

17(a) Is the survey in item 17 available? Yes () No (X)

18. Engineering plan of facility available. Yes (X) No ()

Prepared by Brian V. Moran

Signed *Brian V. Moran*

Title Engineer

Date This Report Completed 9/11/79